

Applicant Name: _____

NAIC No.: _____

FEIN: _____



**District of Columbia
CAPTIVE APPLICATION**

BIOGRAPHICAL AFFIDAVIT

Full Name and Address of Company (Do Not Use Group Names) _____

In connection with the above named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable) _____
 - a. Have you ever had your name changed? ☐ YES ☐ NO If yes, state the reason for the change. _____
 - b. Other names used at any time _____
2. Affiant's Social Security Number _____
3. Date and Place of Birth _____
4. Affiant's Business Address _____
5. Business Telephone _____
6. List your residences for the last ten (10) years starting with your current address: _____

DATE

ADDRESS

CITY AND STATE

7. Education: Dates, Names, Locations and Degrees:

College _____

Graduate Studies _____

Others _____

8. List memberships in Professional Societies and Associations _____

9. Present or Proposed Position with the Applicant Company _____

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10. List complete employment record (up to and including present jobs, positions, directorships, or officerships for the past twenty (20) years, giving (attach additional sheets if necessary)

| DATES | EMPLOYER AND ADDRESS | TITLE |
|-------|----------------------|-------|
|-------|----------------------|-------|

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11. Present employer may be contacted YES NO (Check One)

12. Former employer may be contacted YES NO (Check One)

13. Have you ever been in a position that required a fidelity bond? _____
If any claims were made on the bond, give details. _____

14. List any professional, occupational, and vocation licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issue, issuer of license, date terminated, reason for termination). _____

15. During the last ten (10) years, have you ever been refused professional, occupational, and vocation licenses issued by any public or governmental licensing agency or regulatory authority or has any such license been suspended or revoked? ☐ YES ☐ NO If yes, give details _____

16. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). _____

17. Will you or members of your immediate family subscribe to or own, beneficially or of records, shares of stock of the applicant insurance company or its affiliates? ☐ YES ☐ NO If yes, give details _____

18. Have you ever been adjudged a bankrupt? ☐ YES ☐ NO

19. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or *nolo contendere* to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or insurance law, or have you been subject of any disciplinary proceedings of any federal or state regulatory agency? ☐ YES ☐ NO If yes, give details. _____

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b. Has any company been so charged, allegedly as a result of any action or conduct on your part?

☐ YES ☐ NO If yes, give details. _____

20. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? ☐ YES ☐ NO

21. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? ☐ YES ☐ NO

If yes, give details. _____

Dated and signed this _____ day of _____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20__.

(Notary Public)

My Commission Expires _____.